U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

1 / 2004 Through: 12 / 31 / 2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3502

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Name Maurice T Livingston	Name I B R W Gocal Union 124
	Labor Organization File Number 037-402
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 8727
Street 608 Canyon	Street 301 E 103rd Terr.
Dity Pleasant Hill	City Kansas City
State Missouri ZIP Code + 4 64080	State Missouri ZIP Code + 4 64114
Position in labor organization. Business Manager	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
**************************************	7.b. Amount.
Street provide a control of the baseline and the state of	
City	
State ZIP Code +4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
m 92	On 7/6/05 816-942-7500
Signed Manue i Twengton	On <u>776/05</u> <u>816-942-7500</u> Date Telephone Number
orm LM-30 (2003)	Page 1 c

Name of Person Filing Maurice Livingston	File Number U- 3507	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Electrical Joint Apprenticeship & Training	\$7.000 MA	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 303 E. 103rd Terr	c. Employer	
City Kansas City		
State Missouri ZIP Code + 4 64114		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Natl Electrical Joint Apprenticeship Trainin	National Training Institute Educational Seminar for Trustees and Instructors	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 303 E. 103rd Terr.		
City Kansas City	Approximate dollar value of such dealing. S1, 113 S2, 113 S3, 113	
State Missouri ZIP Code + 4 64114	Reimbursed expenses and direct payments	
	12.b. Amount. \$1,113	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
9955CAG 2005TCS	14.b. Amount of payment.	

13.b. Is the Business an Employer

or Consultant

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IBEW-NECA Benefit Center	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 305 B. 103rd Terr.	c. Employer	
City Kansas City		
State Missouri ZIP Code + 4 64114		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name IBEW-NECA Benefit Center	Trustees & Administrators Institute	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Consequence of the consequence o		
Street 305 B. 103rd Terr		
City Kansas City		
State Missouri ZIP Code + 4 64114	11.b. Approximate dollar value of such dealing. \$1,	,095
	12.a. Nature of interest held or income received.	*****
	Reimbursed expenses and direct payments	
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	The state of the s	***************************************
	12.b. Amount. \$1 ,	.095

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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Arnold, Newbold Attorney's at Law	a. Labor Organization
Trade Name, if any:	Mounts
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1125 Grand Blvd., Suite 1600	c. Employer
City Kansas City	
State Missouri ZIP Code + 4 64106-2503	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Local 663 DAD's Against Diabetis Golf Tournament
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$68
	12.a. Nature of interest held or income received.
	An annian chail an ann an
•	12.b. Amount.
	3.0000000000000000000000000000000000000

Name of Person Filing	Maurice	Livingston
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Part B Continuation Page

8. Name and address of Business (including trade name, if any). Name Arnold, Newbold Attorney's at Law Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1125 Grand Blvd., Suite 1600 City Kansas City State Missouri ZIP Code + 4 64106-2503	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Christmas Gift Certificate	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$50
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing	Maurice	Livingston
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File Number U-	350	2
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name National Electrical Joint Apprenticeship	a. Labor Organization
Trade Name, if any:	3 yethoodd.
P.O. Box, Bldg., Room No., if any	b. Trust
Street 303 E 103rd Terr	c. Employer
City Kansas City	
State Missouri ZIP Code + 4 64114	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name National Electrical Joint Apprenticeship	Apprenticeship Banquet attended by myself and my wife Trisha Livingston.
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street 303 B 103rd Terr	
City Kansas City	
State Missouri ZIP Code + 4 64114	11.b. Approximate dollar value of such dealing. \$54
	12.a. Nature of interest held or income received.
	12.b. Amount.